

LETTER OF INTENT

To: Department of Health Services
Office of Family Planning
ATTN: Notice of Interest: MIP RFA
P. O. Box 942732
714 P Street, Room 440
Sacramento, CA 94234-7320

Due Date: March 8, 1999
4:00 p.m.

If transmitting by FAX, sent to (916) 657-1608

Our agency is interested in responding to the Male Involvement Program RFA for Fiscal Years 1999-2002.

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Following is a brief description of our project:

Name and Title of Official Authorized
To Bind Agency

Signature

Date

State of California
Department of Health Services
Office of Family Planning
Male Involvement Program
Project Profile

1. Agency: _____ County: _____
2. Service Area: _____
Specify cities, counties and geographic area to be serviced
3. Estimated Budget per Year: _____
Year 1 99/00 Year 2 00/01 Year 3 01/02
4. Target population to be serviced:
- _____ % Asian/Pacific Islander: Specify _____:
- _____ % Southeast Asian
- _____ % African American
- _____ % Hispanic
- _____ % Native American
- _____ % White
- _____ % Other (Specify) _____
5. Projected # of Participants/year
- _____ Year 1
- _____ Year 2
- _____ Year 3
6. Targeted Age
- _____ > 14
- _____ 15 - 17
- _____ 18 - 20
- _____ 21 - 23
- _____ 24 +
7. Type of setting for program
- _____ School (In classroom)
- _____ School (after school programs)
- _____ Community
- _____ Clinic
- _____ Community Rural Organization
- _____ Social Services Agencies
- _____ Other (specify) _____
- _____
8. Strategies to Implement
- _____ 1. Prevention Education Services
- _____ 2. Community Mobilization
- _____ 3. Youth Leadership Development
- _____ 4. Institutionalization of Male Involvement Programs
- _____ 5. Guidance and Referral
- _____ 6. Youth/Adult Partnerships
- _____ 7. Community Awareness of Male Involvement
- _____ 8. Linkages with Clinical Services

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF FAMILY PLANNING**

**MALE INVOLVEMENT PROGRAM
FISCAL YEARS 1999 – 2002**

**FUNDING APPLICATION
COVER SHEET**

REVIEW INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION

Submit original and four (4) copies complete with attachments to:

Anna Ramirez, Interim Chief
Office of Family Planning
714 P Street, Room 440
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 654-0357

OFFICIAL USE ONLY

OFFICIAL AGENCY NAME AND ADDRESS (as it is to appear on contract)

Agency Name: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Telephone: _____ Fax: _____

AUTHORIZATION

Agency Director's Name: _____ Title: _____
(Type or Print)

Agency Director's Signature: _____

AGREEMENT

The undersigned hereby affirms that the statement contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned realizes this is a public document and open to public inspections.

(Original Signature) (Title)

Name (Type or Print) Date

EXECUTIVE DIRECTOR:

Name: _____ Title: _____

Address: _____

City: _____ Zip Code/plus 4: _____

Telephone: _____ Fax: _____

E-mail: _____

CONTACT PERSON:This person will receive all official OFP correspondence and will be responsible for returning said documents:

Name: _____ Title: _____

Address: _____

City: _____ Zip Code/plus 4: _____

Telephone: _____ Fax: _____

E-mail: _____

PROJECT DIRECTOR (If none, agency, contact regarding update information):

Name: _____ Title: _____

Address: _____

City: _____ Zip Code/plus 4: _____

Telephone: _____ Fax: _____

E-mail: _____

PERSON(S) AUTHORIZED TO SIGN PROJECT BILLINGS:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

YOUR AGENCY'S FISCAL YEAR

From: _____ To: _____

FEDERAL EMPLOYER I.D. NUMBER

BUDGET DETAIL
JULY 1, 1999 - JUNE 30, 2000

A.	<u>PERSONNEL</u>	<u>MONTHLY SALARY RANGE</u>	<u>% * OF TIME</u>	<u>AMOUNT</u>
1.	Project Director	\$2,025 - \$2,500	10	\$2,880
2.	Male Program Educator	\$1,600 - \$1,850	90	\$19,980
3.	Male Program Educator	\$1,600 - \$1,850	20	\$4,400
4.	Secretary	\$1,025 - \$1,200	25	\$1,440
	Subtotal-Salary and Wages			\$28,700
	Benefits at approximately 15% of salaries and wages			\$4,305
	Subtotal – Personnel			\$33,005
 B.	 OPERATING EXPENSE			
1.	Office Support			\$3,000
2.	Education Materials			\$1,000
3.	Rent (250 sq. ft. x .60 psf x 12 months)			\$1,800
4.	Consultants (not to exceed \$350/day)			\$700
5.	Travel and Per Diem (at DPA rates)			\$750
6.	Staff Development			\$125
7.	Printing			\$600
8.	Subcontract-ABC Company			\$14,069
9.	Indirect Expenses @15% of subtotal personnel			\$4,951
	Subtotal – Operating Expenses			\$26,995
	TOTAL CONTRACT			\$60,000

- Time percentage is an annual estimate and is subject to change during the fiscal year.

ANTICIPATED FUNDS BY SOURCE

LIST ALL FEDERAL, STATE, LOCAL, AND PRIVATE GRANTS, CONTRACTS, AGREEMENTS, AND ALLOCATIONS FOR TEEN PREGNANCY PREVENTION SERVICES AND EDUCATION PROJECTS

[illegible]

III. ATTACHMENTS

Attachment 1	Letter of Intent
Attachment 2	Cover Sheet
Attachment 3	Project Profile
Attachment 4	Application Checklist
Attachment 5	Scope of Work (SOW) Forms
Attachment 5a	Example of SOW
Attachment 6	Budget Detail/Justification
Attachment 7	Anticipated Funds by Source Form
Attachment 8	Affirmative Action
Attachment 9	Vendor Data Record
Attachment 10	Travel Reimbursement Information
Attachment 11	Standard Evaluation Forms
Attachment 12	Sample Memorandum of Understanding (MOU)
Appendix	Reference Materials on Births to Teenaged and Unwed Mothers in California

APPLICATION CHECKLIST

The items below are required to be submitted as part of the application. If any of the following items are omitted from the application, the application will be considered incomplete and out of compliance with this RFA and will not be reviewed. Please review carefully and check off each item before the application is mailed.

- _____ 1. Application Cover Sheet (Attachment 5)
- _____ 2. Project Profile (Attachment 6)
- _____ 3. Application Checklist (Attachment 12)
- _____ 4. Applicant Capability (3 page limit)
- _____ 5. List of Board of Directors
- _____ 6. Description of Program Strategies (15 page limit)
- _____ 7. Need Statement and Identification of Target Groups (3 page limit)
- _____ 8. Program Plan (10 page limit)
- _____ 9. Scope of Work
- _____ 10. Letters of Support, Participation and Understanding
- _____ 11. Budget Detail and Justification for each fiscal year
- _____ 12. Attachment Section
- _____ 13. Anticipated Funds by Source (Attachment 10)
- _____ 14. Proof of Nonprofit Status
- _____ 15. Payee Data Record (Attachment 11)
- _____ 16. Board Resolution (From Governmental Agencies)